

# Helping You Prepare For Your Upcoming Medicare Enrollment



TBD – Date of Onsite Retiree Meeting

# OneExchange

- Who We Are
- Your Future Coverage
- OneExchange – For Your Benefit
- A Deeper Dive – Benefit Advisors, Private Exchange, Optimize Savings
- Health Reimbursement for You
- Next Steps
- Questions and Answer

# OneExchange Health Insurance Marketplace

Towers Watson  
**over  
100**  
years experience

**Over 1.5-million**  
retirees served across  
**540+ employers**

Licensed benefit advisor  
*provides* **guidance &  
ongoing  
advocacy**

Personalized options with **plans** from a  
nationwide network of carriers  
***More Choice, More Flexibility  
– Better Value***

***Founded in 2004***

***No fees  
for our  
service***

Our  
**12th annual**  
enrollment season

**First & Largest  
private Medicare Exchange**

# OneExchange Service Centers

Operating hours:

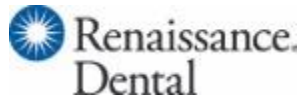
**Monday – Friday, 8:00 a.m. until 9:00 p.m. Central Time**



**100% Domestic Workforce**  
*No Outsourcing!*

# Medicare Advantage, Medicare Supplemental and Part D Prescription Drug, Dental and Vision Plans

OneExchange offers plans from national and regional carriers

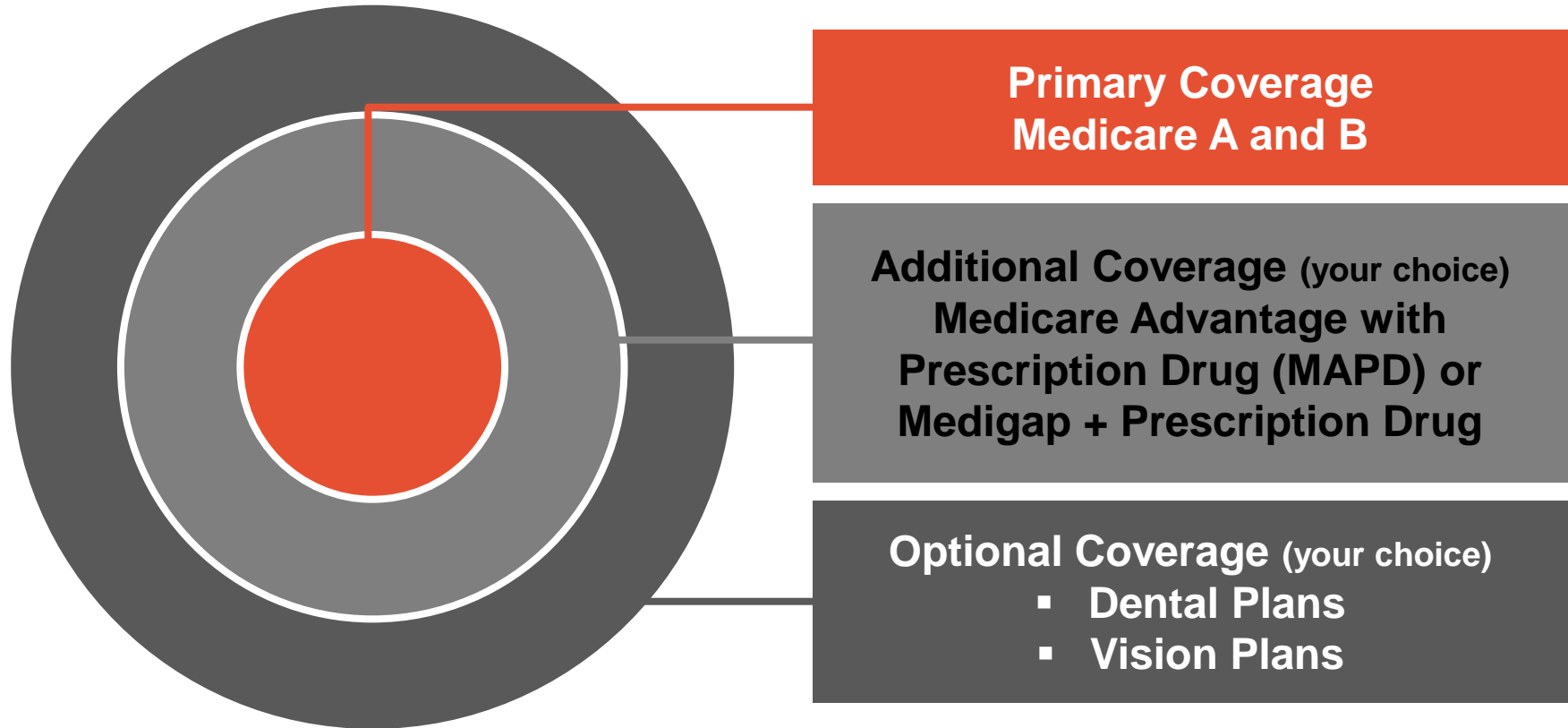


# Your Future Coverage



# Your Future Coverage

How Medicare coverage works



# Your Medicare Options

**Option 1: MAPD:** Medicare Advantage + Part D Prescription Drug plan

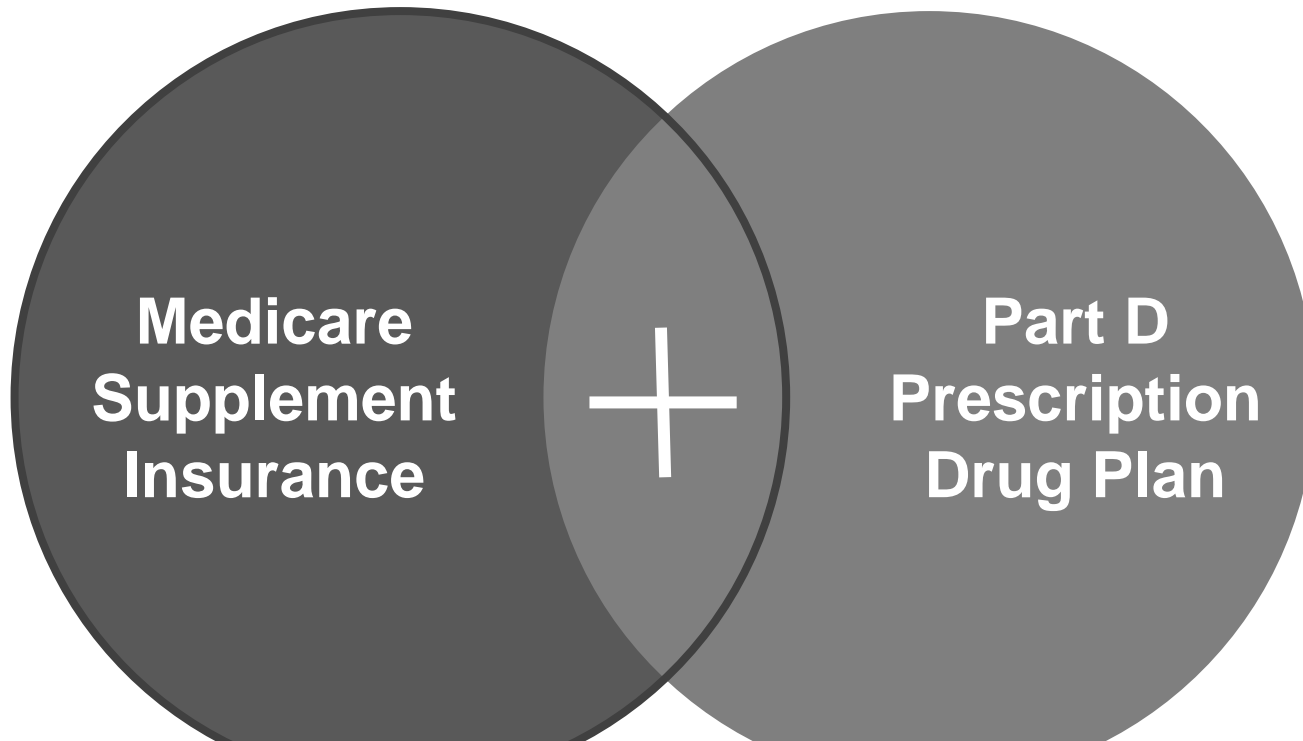


*\* Note that Medicare Advantage plans are network based plans.*



# Your Medicare Options

## Option 2: Medicare Supplement Insurance (Medigap) and Part D Prescription Drug plan

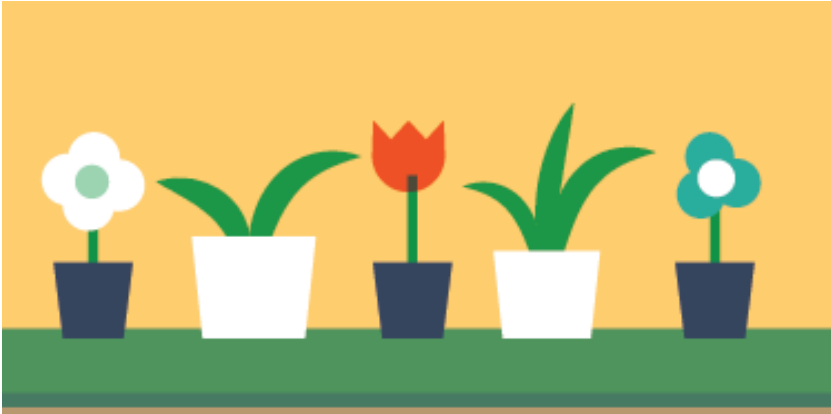


*Note: You may need to pay your first premium when you enroll in coverage.*

# Medicare Supplement Insurance (Medigap) – Lettered Policies

	Medicare Supplement Insurance (Medigap) Policies									
Benefits	A	B	C	D	F	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Source: CMS							Out-of-Pocket limit in 2017			
							\$5,120	\$2,560		

# Part D Plans – 5 Tiers of Co-Pays



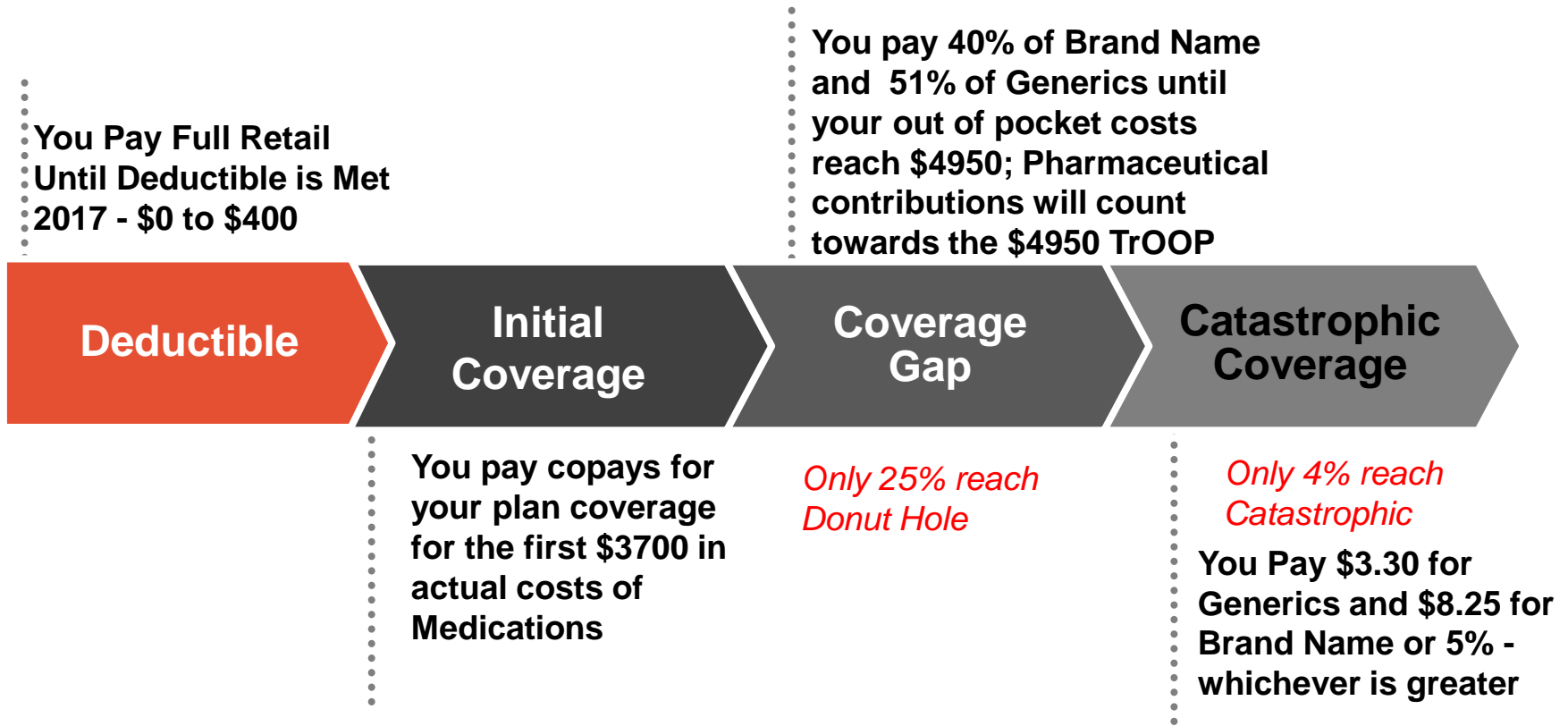
A prescription drug plan will typically break the formulary into “tiers.” The tiers correspond to the copayment or coinsurance the beneficiary will pay. Cost-sharing increases with the tier number.

Tier 1 is the least expensive, tier 4 or 5 is the most expensive.

## Tier descriptions:

- Tier 1 preferred generic
- Tier 2 non-preferred generic
- Tier 3 preferred brand
- Tier 4 non-preferred brand
- Tier 5 specialty drugs or injectable medicine

# Medicare Prescription Drug Coverage 2017



The City will be offering additional financial assistance for those that enter both the Donut Hole AKA as the Coverage Gap and Catastrophic Coverage. Specifics to be provided in your OneExchange HRA Funding Packet.

# Donut Hole & Catastrophic Funding Available

- Additional level of benefit for participants with higher drug costs
- **The City of Memphis** will reimburse all out-of-pocket prescription drug expenses once the Part D Donut Hole and Catastrophic level of coverage has been reached.
- You must submit proof that the Part D catastrophic level has been reached. You can use your monthly statement from your prescription drug carrier.
- More information about these benefits will be included in your Funding and Reimbursement Kit



# A Deeper Dive Into Our Process

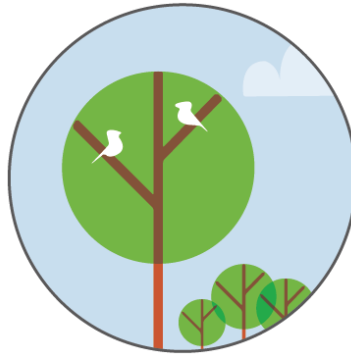


# The OneExchange Process

## Consultative Process



## Simplified Selection



## Effortless Enrollment



## Ongoing Advocacy

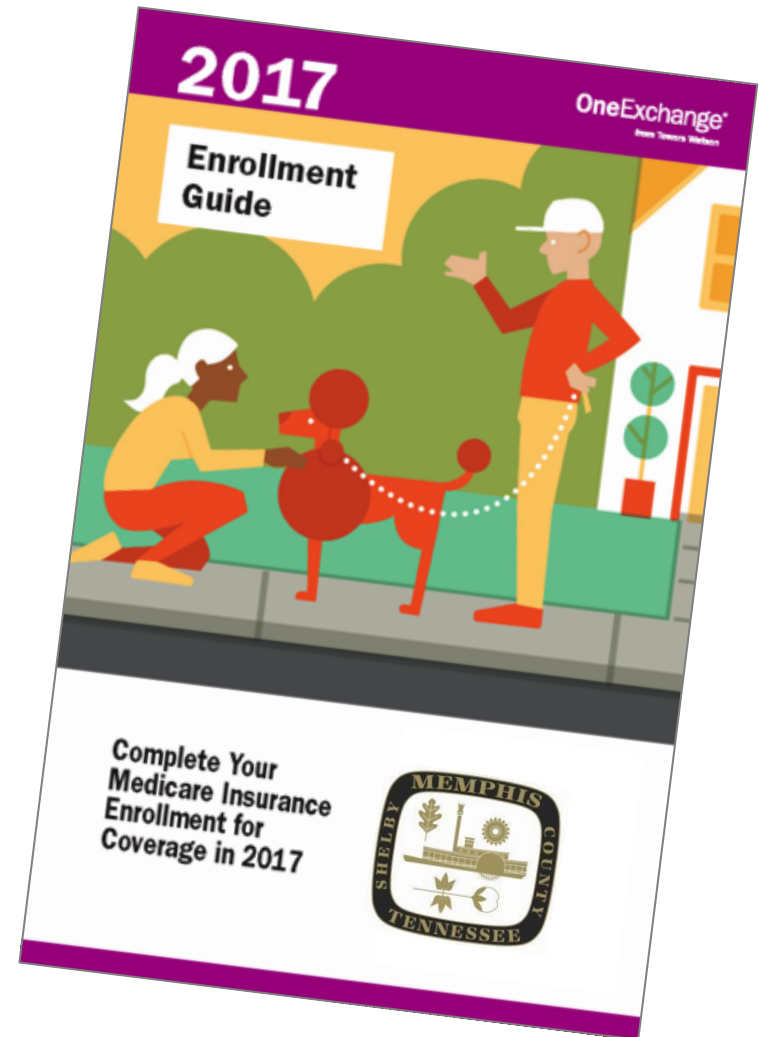


# Education

## *Enrollment Guide:*

### Understand your options

- Review Medicare basics
- What to expect during your enrollment call
- FAQs
- Appointment confirmation





# Licensed Benefit Advisors



- **Licensed / Certified / Appointed**
- **OneExchange University™**
- **Average age 43**
- **Objective & unbiased**
- **100% domestic workforce**

**Licensed Benefit Advisors are available:  
Monday – Friday, 7:00 AM. until 8:00 PM Central Time**

# Shop for Plans on [medicare.oneexchange.com/memphis](https://medicare.oneexchange.com/memphis)

*\* Not all plan information may be available to view through the above website, therefore some additional information may need to be provided by speaking with a Licensed Benefits Advisor*



# Access the OneExchange and City Of Memphis Website

## Your Homepage

Input your zip code to  
shop and compare plans  
OR

Create an account  
by clicking on

**My Account**

OR

**Register**

The screenshot shows the OneExchange website homepage. At the top, there is a navigation bar with links: Register, Login, Accessibility, Cart (0), and Speak to an Expert. Below this, the main header includes the OneExchange logo and three menu items: SHOP & COMPARE, HELP & SUPPORT, and MY ACCOUNT. The MY ACCOUNT link is circled in yellow. The main content area features a large heading: "Finding the right Medicare coverage is complicated. Let us help." Below this, a paragraph states: "OneExchange has helped hundreds of thousands of retirees find the perfect Medicare plan for their needs and budget. We are the trusted leader in private Medicare exchanges." A list of bullet points follows: "Easily shop and compare plans available in your area", "Get quality health coverage at the right price", and "Enroll in a Medicare plan". On the right side, there is a "Getting Started" sidebar. It contains a search bar with the text "Shop & Compare Medicare Plans" and a prompt "Enter your Zip Code to start searching for the Medicare plans available in your area." Below the search bar is a text input field labeled "ENTER ZIP CODE" and a green "Go" button. The "Go" button is circled in yellow. Below the search bar, there is a section titled "Not Medicare Eligible?" with the text "Looking for health insurance options for yourself or your family?" and a link "Find Health Insurance". At the bottom of the sidebar, there are two links: "Check Your Enrollment Status" and "Speak to an Expert". The footer of the page features three icons: a clipboard with a checkmark, a magnifying glass over a caduceus, and a telephone. Below each icon is a text label: "Why OneExchange", "Looking for Health Insurance?", and "Speak to an Expert".

OneExchange™

SHOP & COMPARE

HELP & SUPPORT

MY ACCOUNT

Register | Login | Accessibility | Cart (0) | Speak to an Expert

### Finding the right Medicare coverage is complicated. Let us help.

OneExchange has helped hundreds of thousands of retirees find the perfect Medicare plan for their needs and budget. We are the trusted leader in private Medicare exchanges.

- Easily shop and compare plans available in your area
- Get quality health coverage at the right price
- Enroll in a Medicare plan

### Getting Started

**Shop & Compare Medicare Plans**  
Enter your Zip Code to start searching for the Medicare plans available in your area.

ENTER ZIP CODE **Go**

**Not Medicare Eligible?**  
Looking for health insurance options for yourself or your family?  
[Find Health Insurance](#)

**Check Your Enrollment Status**

**Speak to an Expert**

**Why OneExchange**

**Looking for Health Insurance?**

**Speak to an Expert**

# OneExchange and City of Memphis Website

## Create your account

Creating an account is quick and easy.

You will need:

- An email address
- Password
- Social Security Number

Register | Login | Accessibility | Cart (0) | Speak to an Expert

OneExchange™

SHOP & COMPARE

HELP & SUPPORT

MY ACCOUNT

Create an Account

Creating an account will allow you to add family members, enter and save your prescription drug information, search for plans based on the information that you enter, and track the status of your applications. **All fields required**

Name:

FIRST NAME

LAST NAME

Verification:

SOCIAL SECURITY NUMBER

Why is my SSN needed?

Create your username:

USERNAME

Create your password:

PASSWORD

CONFIRM PASSWORD

Passwords must be between 8 and 16 Characters long and contain three of the following:

1 Uppercase Letter

1 Lowercase Letter

1 Number

A Special Character (!, \$, #, etc)

Returning Visitor?

If you already have an account, please login to start or update your profile, manage your account and/or save plans.

I am a returning visitor:

Login to my account ▶

# Website: Shop and Compare Plans

Answer a few questions

OneExchange™

SHOP & COMPARE

HELP & SUPPORT

MY ACCOUNT

Register | Login | Accessibility | Cart (0) | Speak to an Expert

MEDICARE

HEALTH INSURANCE

Shop Plans | Help Me Choose | Prescription Profiler™

Shop for Medicare Related Insurance Plans

Get Started

Please provide the following information in order to find the Medicare plans that best match your needs and budget.

\*Required fields

How is this information used?

Why must I enter each person's information separately?

What is Medicare eligibility?

1 About the applicant

Location\*

ZIP CODE

Birth date\*

MONTH DAY YEAR

Gender

☒ Male ☐ Female

Disabled

☒ No ☐ Yes

2 Plan coverage information

When would you like coverage to begin?\*

Do you currently have kidney failure requiring dialysis?

Would you like to answer additional questions that may help you choose a plan?

Go ▶

Types of Coverage

Medicare Supplemental Plans

Not looking for Medicare?

Find Health Insurance

Help & Education

Help Center

Speak to an Expert

Send Us Feedback

About Us

Overview

Careers

Contact Us

Connect

Twitter

LinkedIn

digicert Trusted

SECURE

# Decision Support Tools

## Prescription Profiler

MEDICARE

HEALTH INSURANCE

Shop Plans | Help Me Choose | **Prescription Profiler™** | Understanding Medicare

**Prescription Profiler™**

Search Medicare plans using your list of prescriptions to find your lowest-cost coverage options.

**Applicant Details**

Zip Code: 94303  
County: San Mateo  
Gender: Male  
Born: 6/20/1948  
Tobacco use: No  
Disabled: No  
Coverage Starts: 7/1/2013  
[Change details](#)

**Speak to an Expert**

To speak to a licensed benefit advisor call:  
1-866-322-2824 (TTY: 711)  
Mon-Fri 8:00am - 9:00pm Eastern

1

**Enter your prescriptions**

**Enter the name of the medication**

Enter the name of the drug or the first three letters of the drug name. (For example, enter "Lip" to locate the drug "Lipitor.")

Search

☐ Hide OTC drugs

2

**Select your pharmacy (optional step)**

Pharmacies may charge different prices for the same drug, due to regional differences. For an accurate estimate of your prescription drug costs, select your pharmacy.


Find my pharmacy

Go ▶

**medicare.oneexchange.com/memphis**  
**24/7 access to your information**

**Load in your prescriptions - Shorten your time on the phone with us!**

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Willis Towers Watson 

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# Decision Support Tools

## Help Me Choose comparison tool

**OneExchange**  
from Towers Watson

SHOP & COMPARE | HELP | MY ACCOUNT

**MEDICARE** | HEALTH INSURANCE

Shop plans | Help Me Choose | Prescription Profiler™ | Understanding Medicare

Start Shopping | Summary of Plan Options | **Shop for Medicare Advantage Plans**

Showing: **Medicare Advantage Plans**  
[Learn about plan type options](#)

**Applicant Details**  
Zip Code: 84118  
Gender: Male  
Born: 2/21/1949  
Tobacco use: No  
Disabled: No  
Coverage Starts: 4/1/2015  
[Change details](#)  
☐ Cart is empty

**Narrow Results** [RESET](#)

MONTHLY PREMIUM  
[Show all](#)

COMPANY  
☒ Show All  
☐ AARP Medicare Advantage from United Healthcare  
☐ Coventry Health Care  
☐ Humana  
☐ Regence Blue Cross Blue Shield of Utah

DOCTOR OFFICE VISIT CO-PAY  
[Show all](#)

PRESCRIPTION DRUGS  
[Show all](#)

NETWORK TYPE  
[Show all](#)

PROVIDERS  
[Show all](#)

**Medigap**  
View (3) plans found

**Prescription Drug**  
View (3) plans found

**Medicare Advantage**  
View (3) plans found

Plans 1-3 of 3 | Plans Per Page: 10 | [Compare 0 plans](#)

**Regence**  
PLAN NAME: [Regence BlueAdvantage HMO \(HMO\) H9110-002](#)

COVERAGE INCLUDES  
PLAN RATING: ★★★★★

PREMIUM: \$49.00 per month

**ESTIMATED ANNUAL COSTS** | [View details](#) | Sort by: Out-of-Pocket Costs | Premium

PREMIUM \$588 per year	+	DRUG COSTS Drug coverage not included <a href="#">Explain this</a>	+	MEDICAL COSTS \$1,360 <a href="#">Explain this</a>	=	ANNUAL TOTAL \$1,948
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**BENEFITS SUMMARY** | [View details](#)

MEDICAL EXPENSES Covers 100%	SKILLED NURSING Covers 100%	PART B DEDUCTIBLE Covers 100%	PART B COINSURANCE Covers 100%	PART B EXCESS Covers 100%	HIGH DEDUCTIBLE \$2,140 for 2014
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☐ Add to compare  
☐ Print this plan  
☐ Save to account  
[Add to cart](#)

**Humana**  
PLAN NAME: [HumanaChoice H4600-006 \(PPO\)](#)

COVERAGE INCLUDES  
PLAN RATING: ★★★★★

PREMIUM: \$45.00 per month

**ESTIMATED ANNUAL COSTS** | [View details](#) | Sort by: Out-of-Pocket Costs | Premium

PREMIUM \$540 per year	+	DRUG COSTS 1 of 1 drugs covered \$504	+	MEDICAL COSTS \$2,653 <a href="#">Explain this</a>	=	ANNUAL TOTAL \$3,697
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**BENEFITS SUMMARY** | [View details](#)

MEDICAL EXPENSES Covers 100%	SKILLED NURSING Covers 100%	PART B DEDUCTIBLE Covers 100%	PART B COINSURANCE Covers 100%	PART B EXCESS Covers 100%	HIGH DEDUCTIBLE \$2,140 for 2014
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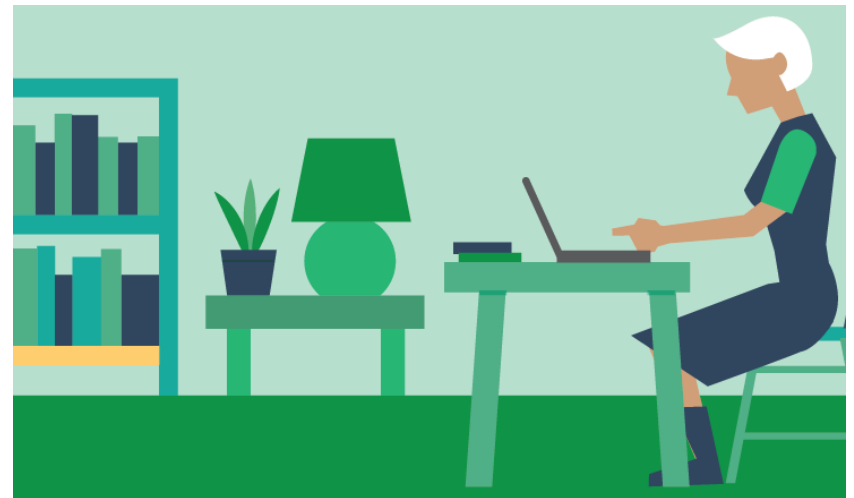
☐ Add to compare  
☐ Print this plan  
☐ Save to account

The comparison tool shows monthly premium as well as estimated annual cost.

# Enrollment Process

## We've got your BAC:

- **Benefit Advisors**
  - Benefit Advisors can discuss coverage options with anyone
- **Application Data Processors**
  - Telephonic enrollment is a 2 part process
- **Customer Service Reps –**  
100% of calls are recorded





# Enrollment Process

## Selection Confirmation Letter

**Selection Confirmation**  
Your applications have been submitted for the plans listed below

OneExchange<sup>®</sup>  
from Towers Watson

Client logo

1 1 SP 0.900  
\*\*\*\*\*SINGLP T1 P1  
<First Name> <Last Name>  
<Address Line 1>  
<Address Line 2>  
<City>, <State> <ZIP CODE>

Dear **FirstName LastName**,

This letter confirms that you have made your plan selection(s) for **year**, and that your applications have been submitted to the insurance companies listed below. Please review this statement carefully to ensure that it reflects the choices you have made. If the plans or premiums are not what you expected, please contact OneExchange immediately at **ClientPhoneNumber**.

This letter does not confirm acceptance of your applications or that your plans have been issued, and it cannot be used as proof of coverage. This letter only confirms that your applications have been submitted.

Once your applications are accepted, you will begin to receive information directly from your insurance company.

*Please note:* Due to final rate approvals and insurance company-applied discounts, final premiums may vary from those shown below.

Plan name	Premium	Desired coverage start date	<Y/N> Auto reimbursement
<Medical carrier name, plan name that might be more than two lines> Confirmation #: <App Confirmation ID>	\$000.00 per month	Month DD, YYYY	<Medical auto reimbursement status>
<Part D carrier name, plan name that might be more than two lines> Confirmation #: <App Confirmation ID>	\$000.00 per month	Month DD, YYYY	<RX auto reimbursement status>
<Dental carrier name, plan name that might be more than two lines> Confirmation #: <App Confirmation ID>	\$000.00 per month	Month DD, YYYY	< Dental auto reimbursement status>
<Vision carrier name, plan name that might be more than two lines> Confirmation #: <App Confirmation ID>	\$000.00 per month	Month DD, YYYY	<Vision auto reimbursement status>

**Review the plan(s) that you selected**

**The selection confirmation letter confirms that your application has been submitted and will be sent shortly after you enroll.**

**You will also receive your healthcare ID cards along with the Explanation of Benefits from the healthcare carrier/plan you choose.**

# Personal Guidance

## An Ongoing Advocate



- Navigation
- Enrollment
- Prescription changes
- Affordability concerns
- Reimbursement issues
- Late enrollment
- HRA
- Annual plan review

***The plans you select continue on year to year.***

***No need to re-enroll in the fall unless you want to re-evaluate your plan options due to healthcare and financial changes.***

# Health Reimbursement Account (HRA)



# Health Reimbursement Account

**Tax-free account** used to reimburse you for eligible health care expenses — you pay first and then get reimbursed

If you are eligible, The City of Memphis will make an **annual contribution** to a Health Reimbursement Account (HRA)

You may use HRA funding to **reimburse yourself** for eligible medical, prescription drug, dental, and vision premiums, as well as eligible out-of-pocket healthcare expenses

**Your HRA funding will be available**

**March 1<sup>st</sup>, 2017**

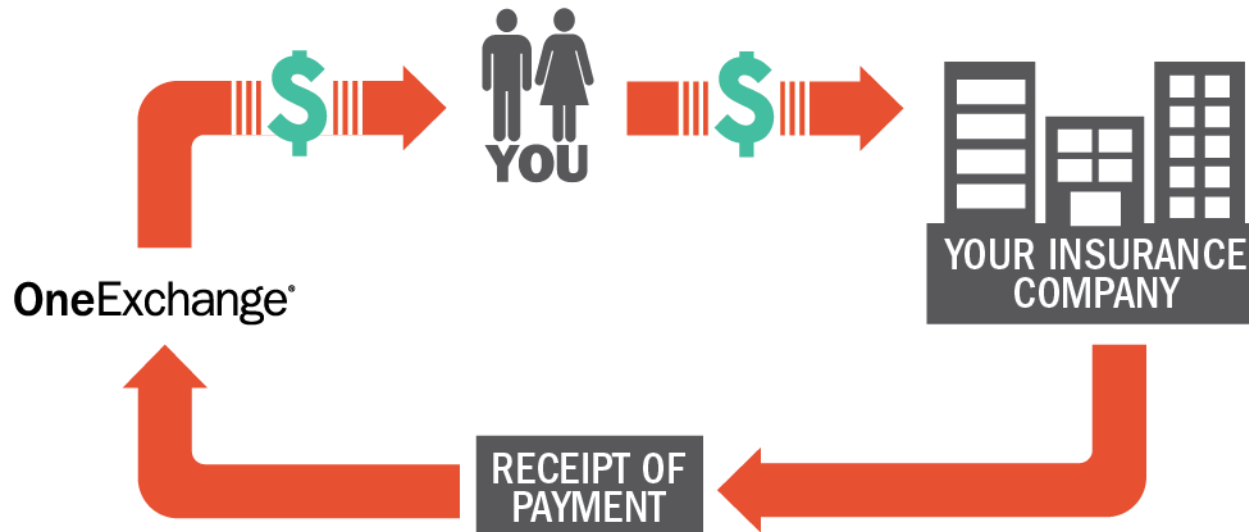
**Unused funds DO roll over**

# Qualify for your Health Reimbursement Account

- Enroll in a medical plan through OneExchange before your enrollment period ends on , **March 1<sup>st</sup> 2017**, to have access to your HRA.
- Must remain enrolled through OneExchange each year to continue to have access to your HRA or forever forfeit rights to your HRA.

**We recommend you schedule a call to enroll, you can also go online to investigate your options and in some cases enroll in a plan.**

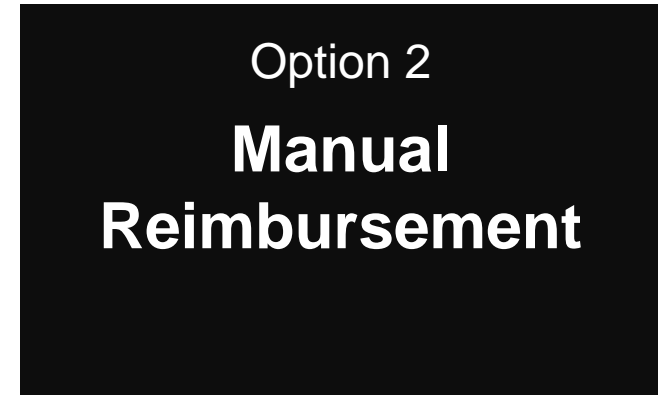
# Health Reimbursement Account



**You may be reimbursed up to the amount available in the HRA!**

# Health Reimbursement Account

## Options for Reimbursement



# Localized Slides



# Plans for XXXX County

Plan Type	Number of Plans Offered	2017 Monthly Premium	Carriers [subject to change]
Medicare Advantage	xx	\$x - \$xxx	
Medicare Supplement Insurance (Medigap)	xx	\$xxx - \$xxx	
Part D	xx	\$xx - \$xxx	

# Plans for XXXX County

Plan Type	Number of Plans Offered	2017 Monthly Premium	Carriers
Vision	x	\$xxx per year	Vision Service Plan (VSP)
Dental	x	\$xx - \$xxx	Delta Dental, Humana, MetLife Dental

# Medicare Advantage

Benefit	Cost	2017
Premium	\$x	
Network	xxx	
Deductible	\$x	
Doctor Copay	\$x	
Specialist Copay	\$x	
Hospital	Days x - x    \$xxx per day	
Emergency Room	\$xx	
Rx – Deductible	\$0	30 days
Retail Co-Pay Tiers	\$x / \$x / \$x / \$x / x%	
Mail Order Co-Pay Tiers	\$x / \$x / \$x / \$x	90 days

# Medicare Supplement Insurance

Plan F: Based on a 75 year old male

Benefit	Cost	2017
Premium	\$xxx (\$xxx Medical + \$xx PDP)	
Network	Not Applicable	
Deductible	\$0	
Doctor Copay	\$0	
Specialist Copay	\$0	
Hospital	\$0	
Emergency Room	\$0	
Rx – Deductible	\$x	30 days
Retail Co-Pay Tiers	\$x / \$x / \$x / \$x / x%	
Mail Order Co-Pay Tiers	\$x / \$x / \$x / \$x	90 days

# Next Steps

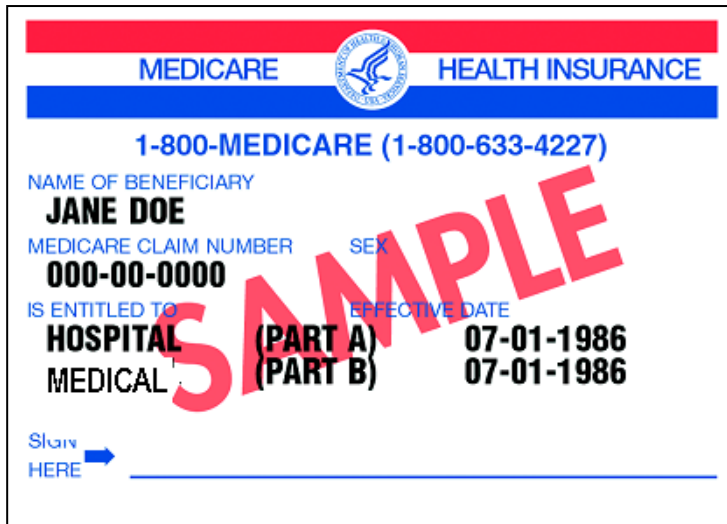
# What You Need To Do: Action Required!

Make an appointment to enroll

**Make sure you have your  
Medicare card when you call.**

**Contact OneExchange  
1-866-201-0367**

- Call now to complete your profile and schedule an enrollment appointment.
- You will need your Medicare card, prescription list, and doctor and hospital information.



A sample Medicare Health Insurance card for Jane Doe. The card features a red header with "MEDICARE" and "HEALTH INSURANCE" in blue, separated by the Medicare seal. Below the header is the phone number "1-800-MEDICARE (1-800-633-4227)". The beneficiary's name "JANE DOE" is listed. The Medicare claim number "000-00-0000" and sex "SEX" are shown. The card indicates entitlement to Hospital (Part A) and Medical (Part B) insurance, both effective from 07-01-1986. A large red "SAMPLE" watermark is diagonally across the center. At the bottom left, it says "Sign HERE" with a blue arrow pointing to a line.

NAME OF BENEFICIARY	MEDICARE CLAIM NUMBER	SEX
JANE DOE	000-00-0000	

IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	07-01-1986
MEDICAL (PART B)	07-01-1986

# Questions and Answers



# Thank you!

**Call Now, We Are Ready!**  
**1-866-201-0367**  
**[medicare.oneexchange.com/memphis](https://medicare.oneexchange.com/memphis)**